

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101528561

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6	1	5	1			
7		6		1		
8	1		1			
9		7		1		
10		8		1		
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12		10		1		
13		11		1		
14		12		1		
15	1		1			
16		13		1		
17		14		1		
18		15		1		
19		16		1		
20		17		1		
21		18		1		
22		19		1		
23		20		1		
24		21		1		
25		22		1		
26		23		1		
27		24		1		
28		25		1		
29		26		1		
30		27		1		
31		28		1		
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43		40		1		
44		41		1		
45		42		1		
46		43		1		
47		44		1		
48		45		1		
49		46		1		
50		47		1		
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	16	←	15	←		←
TOTAL CLAIMS	20		19			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						